



COMSATS Institute of Information Technology (CIIT)

Office of the Registrar

Leave of Absence for Graduate Student

Please type or fill all sections in block letters clearly and submit this form to the concerned office in the Department.

Section A: To be filled by the student applying for Leave

Campus		Department	
Student Details			
Student Name		Registration #	E-mail
Supervisor Name		E-mail	
Co- Supervisor Name		E-mail	

- I Mr/Ms _____, hereby, request for leave of absence for the Semester _____
- Reason for leave of Absence (attach evidence) _____

Date: _____ Signature _____

Section B: Recommendation by Supervisor/ Co-Supervisor (If Applicable)

- I _____, supervisor of above mentioned Graduate Student, hereby recommend the Leave of Absence for the above mentioned student upon his/her request.

Recommendation by Supervisor		Recommendation by Co-Supervisor	
Signature/Date		Signature/Date	
Name and Official Stamp		Name and Official Stamp	

Section C: For department use only: Please get this form endorsed from all sections and forward to the Registrar office through proper channel.

- Student has previously availed _____ semester leave (please attach the progress report).

Type of Leave			
Applied before start of Semester		Applied During Semester (On account of extraordinary situation)	

Verified by (Name/Designation/ signature) _____ / _____ / _____ Date: _____

Part A Recommendation by Departmental Graduate Committee and signed by HoD		Part B Recommendation by Campus Graduate Program Committee/Chairman	
Signature/Date		Signature/Date	
Name and Official Stamp		Name and Official Stamp	

Section D: For Registrar Office Use Only

Verified by (Name/Designation/ signature) _____ / _____ / _____ Date: _____

Part A Counter Signed by Registrar		Part B Approval by Concerned Dean	
Signature/Date		Signature/Date	
Name and Official Stamp		Name and Official Stamp	

Notified on (date) _____ vide notification number _____ by the Office of the Registrar